



## APPLICATION TO VARY A PREMISES LICENCE

Application to vary a premises licence  
under The Licensing Act 2003

### PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form.  
If you are completing this form by hand please write legibly in **block capitals**. In all cases ensure that your answers are inside the boxes and written in **black ink**. Use additional sheets if necessary.  
You may wish to keep a copy of the completed form for your records.

I/We SIVALIN GAN THAYAPARAN

..... [insert name of applicant(s)] being the  
premises licence holder, apply to vary a premises licence under section 34 of the Licensing  
Act 2003 for the premises described in Part 1 below

Premises licence number

241813

### Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description

2 NEED PARADE

Post Town WEMBLEY

Post Code HA9 6QU

Telephone number at premises (if any)

0208 616 717 8

Non-domestic rateable value of premises

£ 16250

**Part 2 - Applicant details**

Daytime contact telephone number		0203 2260024 / 07727183975	
E-mail address (optional)		dayuan77@yahoo.co.uk	
Current postal address if different from premises address 1Aovesdon AV [UK Flag]			
Post Town	HARROW	Post Code	HA2 9PE

**Part 3 - Variation**

Please tick  Yes

Do you want the proposed variation to have effect as soon as possible?

Day                      Month                      Year

If not do you want the variation to take effect from

--	--	--	--	--	--	--	--

Please describe briefly the nature of the proposed variation (Please see guidance note 1)

To sell alcohol for seven days.

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

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## Part 4 – Operating Schedule

Please complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

Please tick  **Yes**

### Provision of regulated entertainment

- |  |                          |
|--|--------------------------|
| a) plays (if ticking yes, fill in box A)   | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)   | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)  | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)   | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)  | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)  | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)   | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)<br>(if ticking yes, fill in box H) | <input type="checkbox"/> |

### Provision of entertainment facilities:

- |  |                          |
|--|--------------------------|
| i) making music (if ticking yes, fill in box I)  | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)   | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j)<br>(if ticking yes, fill in box K) | <input type="checkbox"/> |

Provision of late night refreshment (if ticking yes, fill in box L)

Sale by retail of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both</b> – please tick [✓] (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both</b> – please tick [✓] (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	
Tue					
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					



**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	State any seasonal variations for indoor sporting events (please read guidance note 4)
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 5)

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

**E**

<b>Live Music</b> Standard days and timings (please read guidance note 6)			Will the performance of live music take place <b>indoors or outdoors or both</b> – please tick [✓] (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both		
Tue						
Wed				<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur						
Fri				<b>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat						
Sun						

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <b>indoors or outdoors or both</b> – please tick [✓] (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both		
Tue						
Wed				<b>State any seasonal variations for playing recorded music</b> (please read guidance note 4)		
Thur						
Fri				<b>Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat						
Sun						

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both</b> – please tick [✓] (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4).		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**H**

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment you will be providing</b>		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both</b> – please tick [✓] (please read guidance note 2).	Indoors	
Mon				<b>Please give further details here</b> (please read guidance note 3)	Outdoors
Tue			Both		
Wed			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**I**

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing	
Day	Start	Finish	<b>Will the facilities for making music be indoors or outdoors or both – please tick [✓]</b> (please read guidance note 2).	Indoors
				Outdoors
				Both
Mon			<b>Please give further details here</b> (please read guidance note 3)	
Tue				
Wed			<b>State any seasonal variations for the provision of facilities for making music</b> (please read guidance note 4)	
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</b> (please read guidance note 5)	
Sat				
Sun				

**J**

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick [✓] (see guidance note 2).	
Day	Start	Finish		Indoors
				Outdoors
				Both
Mon			<b>Please give further details here</b> (please read guidance note 3)	
Tue				
Wed			<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)	
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list</b> (please read guidance note 5)	
Sat				
Sun				



**K**

<b>Provision of facilities for entertainment of a similar description to that falling within (i) or (j)</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment facility you will be providing</b>		
			<b>Will the entertainment facility be indoors or outdoors or both – please tick [✓] (please read guidance note 2).</b>		Indoors Outdoors Both
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			<b>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within (i) or (j) (please read guidance note 4)</b>		
			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within (i) or (j) at different times to those listed in the column on the left, please list (please read guidance note 5)</b>		

**L**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).</b>		Indoors Outdoors Both
			<b>Please give further details here</b> (please read guidance note 3)		
Day	Start	Finish	<b>State any seasonal variations for the provision of late night refreshment (please read guidance note 4)</b>		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			<b>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 5)</b>		

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption</b> (Please tick box ✓) (please read guidance note 7)	On the premises
Day	Start	Finish		Off the premises
Mon	9.00	24.00		Both <input checked="" type="checkbox"/>
Tue	9.00	24.00		
Wed	9.00	24.00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)	
Thur	9.00	24.00		
Fri	9.00	24.00		
Sat	9.00	24.00		
Sun	9.00	24.00		
			<b>Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</b> (please read guidance note 5)	

**IN ALL CASES PLEASE COMPLETE N, O, & P BELOW**

**N**

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

N/A

0

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variation</b> (please read guidance note 4)
Day	Start	Finish	
Mon	9.00	2.00	<b>Non-standard timings. Where you intend the premises to be open to the public at different times to those listed in the column on the left, please list</b> (please read guidance note 5)
Tue	9.00	2.00	
Wed	9.00	2.00	
Thur	9.00	2.00	
Fri	9.00	2.00	
Sat	9.00	2.00	
Sun	9.00	2.00	

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking

Please tick ✓ Yes

- I have enclosed the premises licence
- I have enclosed the relevant part of the premises licence

If you have not ticked one of these boxes please fill in reasons for not including the licence, or part of it, below

Reasons why I have failed to enclose the premises licence or relevant part of premises licence

**P** Describe any additional steps that you intend to take to promote the four licensing objectives as a result of the proposed variation:

a) **General – all four licensing objectives (b, c, d, e) (please read guidance note 9)**

As below

b) **The prevention of crime and disorder**

We have ↑ CCTV, also have crime and  
↑ (one month Backup) Disorder Book.

PLUS - WE GOT TIME DELAY SAFE.

c) **Public safety**

FIRE EXITS. WILL NOT BE BLOCKED AT  
ANY TIME.

d) **The prevention of public nuisance**

SAME AS NEW APPLICATION - NO CHANGES.

e) **The protection of children from harm**

CHILDREN WILL ALWAYS BE ACCOMPANY  
BY A PARENT/ADULT.




Please tick ✓ Yes

- I have made or enclosed payment of the fee
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I understand that I must now advertise my application
- I have enclosed the premises licence or relevant part of it or explanation
- I understand that if I do not comply with the above requirements my application will be rejected

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**Part 5 – Signatures** (please read guidance note 10)

**Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent.** (Please read guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature .....   
Date ..... 26/02/14  
Capacity ..... OWNER / LICENCE HOLDER

**Where the premises licence is jointly held signature of 2<sup>nd</sup> applicant (the current premises licence holder) or 2<sup>nd</sup> applicant's solicitor or other authorised agent.** (Please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature .....  
Date .....  
Capacity .....

<b>Contact name (where not previously given) and postal address for correspondence associated with this application</b> (please read guidance note 13)	
Post town	Post code
Telephone number	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

## NOTES FOR GUIDANCE

**This application cannot be used to vary the licence so as to extend the period for which the licence has effect or to vary substantially the premises to which it relates. If you wish to make that type of change to the premises licence you should make a new premises licence application under section 17 of the Licensing Act 2003.**

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example state type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months..
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hours clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



**Data Protection:** The London Borough of Brent will use this information for the purposes of The Licensing Act 2003 and related purposes. Any member of the public may examine the application form on request. In addition, this information may be disclosed to the Police, The London Fire and Emergency Planning Authority, relevant ward Councillors and other Council departments.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with law enforcement agencies and other bodies responsible for auditing or administering public funds for these purposes.

**Please return the completed form and accompanying documents to:-**

Health, Safety and Licensing Dept  
Brent Council  
Brent House, 3<sup>rd</sup> Floor West  
349-357 High Road  
Wembley, Middlesex  
HA9 6BZ

☎ 020 8937 5359

Fax: 020 8937 5357

Email: hsl@brent.gov.uk

Cheques should be crossed and made payable to: London Borough of Brent.

**Follow the instructions in the checklist, to submit the relevant copies to the Chief Office of Police and/or the Responsible Authorities. Contact details shown below:**

Chief Officer of Police  
Brent Licensing Department  
Wembley Police Station  
603 Harrow Road  
Wembley  
Middlesex  
HA0 2HH

Tel: 020 8733 3206

Environmental Health  
Department  
Brent Council  
Brent House  
349-357 High Road  
Wembley  
Middlesex  
HA9 6EP

Tel: 020 8937 5252

Planning Department  
Brent Council  
Brent House  
349-357 High Road  
Wembley  
Middlesex  
HA9 6EP

Tel: 020 8937 5210

North West Area 1  
London Fire Brigade  
169 Union Street  
London  
SE1 0LL

Tel: 020 8555 1200 x38778

Children's Services  
Brent Council  
Chesterfield House  
9 Park Lane  
Wembley  
HA9 7RJ

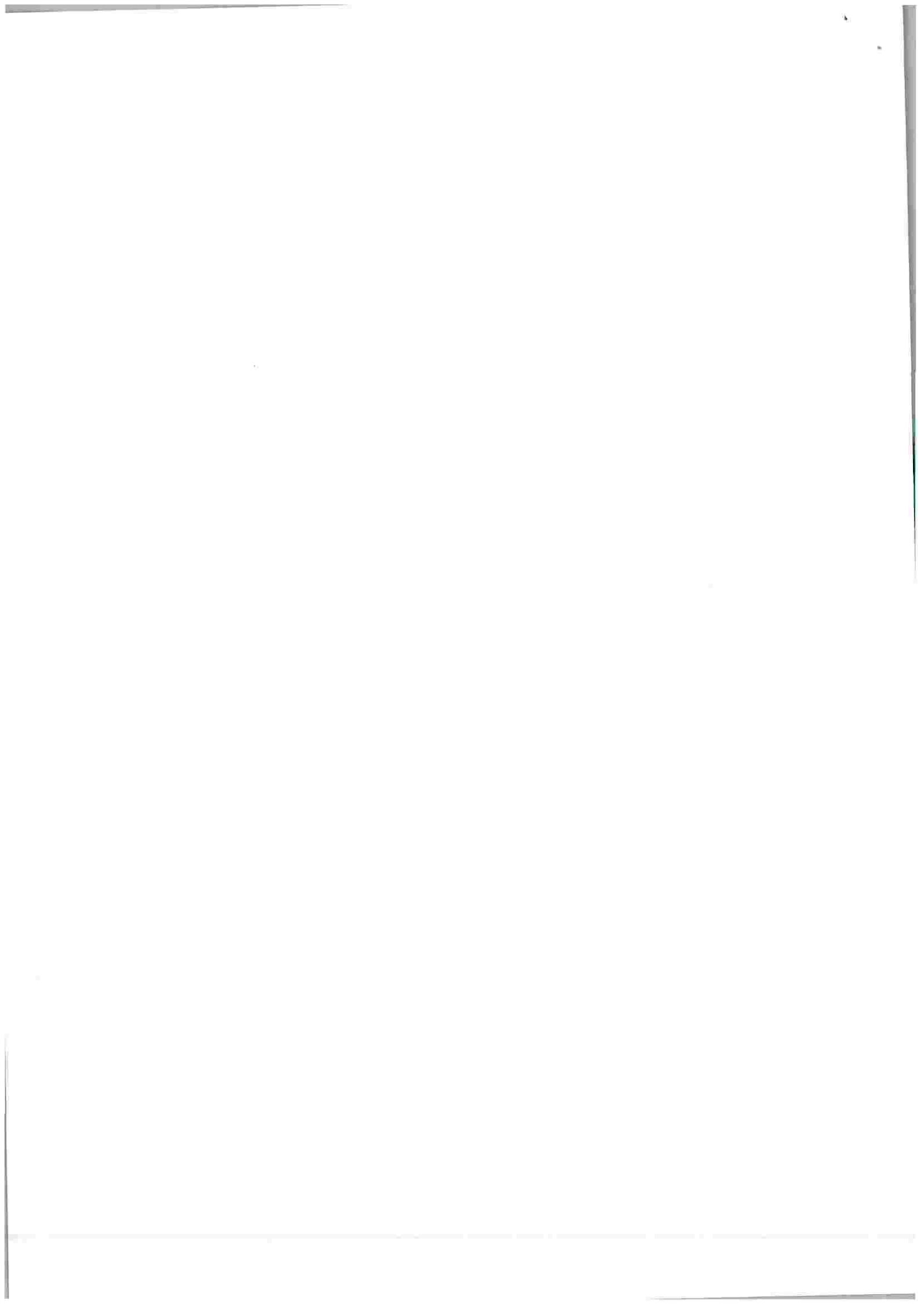
Public Safety Team  
Brent Council  
Brent House, 3<sup>rd</sup> Floor East  
349-357 High Road  
Wembley  
Middlesex  
HA9 6EP

Tel: 020 8937 5359

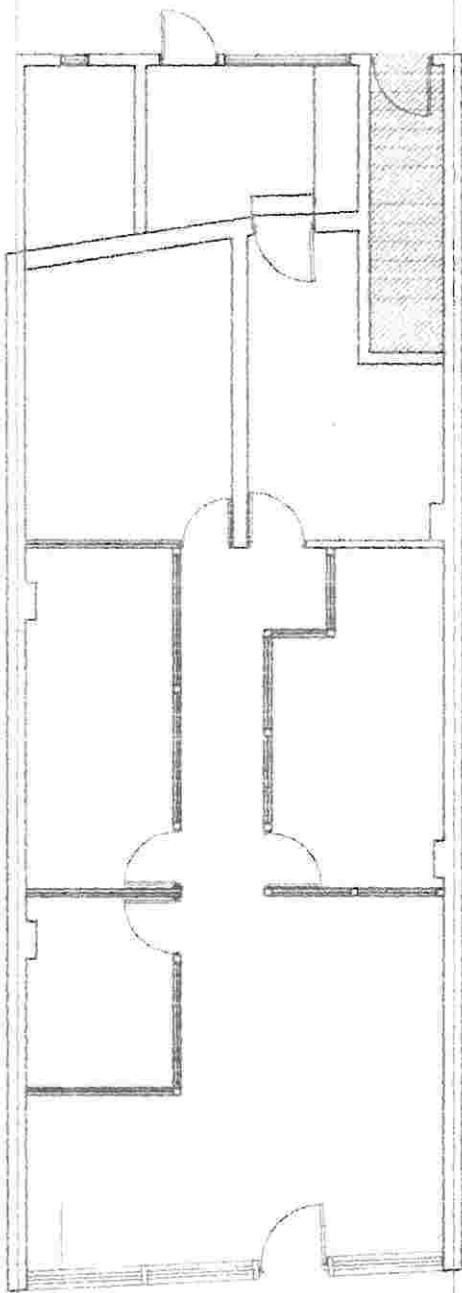
Trading Standards  
Brent Council  
Quality House  
249 Willesden Lane  
London  
NW2 5JH

Tel: 020 8937 5555

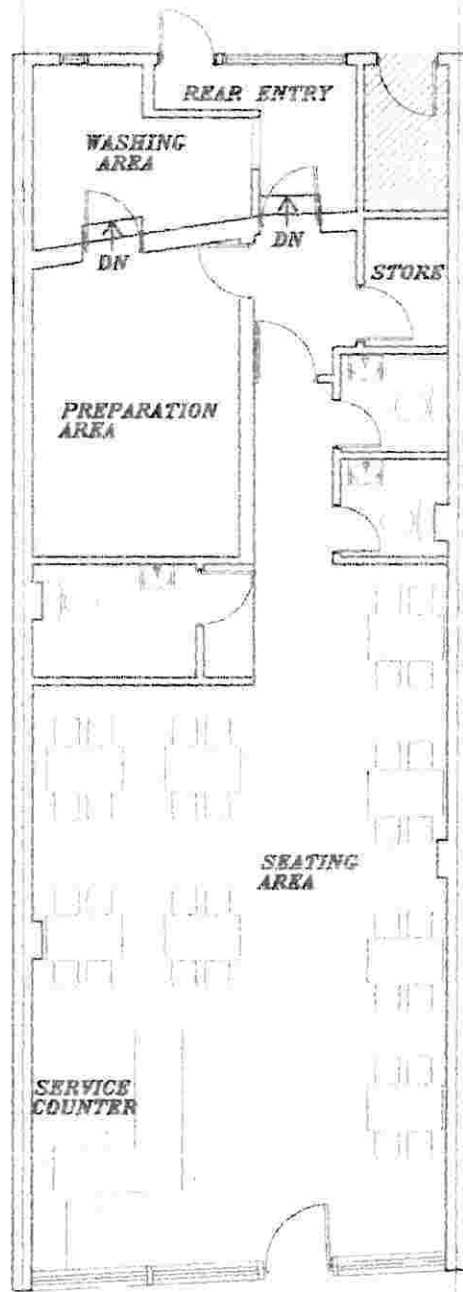
<b>Official Use Only.</b>	Existing Premises Licence (or explanation) <input type="checkbox"/>	Plan x 2 (if applicable) <input type="checkbox"/>
	Advertising <input type="checkbox"/>	Fee <input type="checkbox"/>



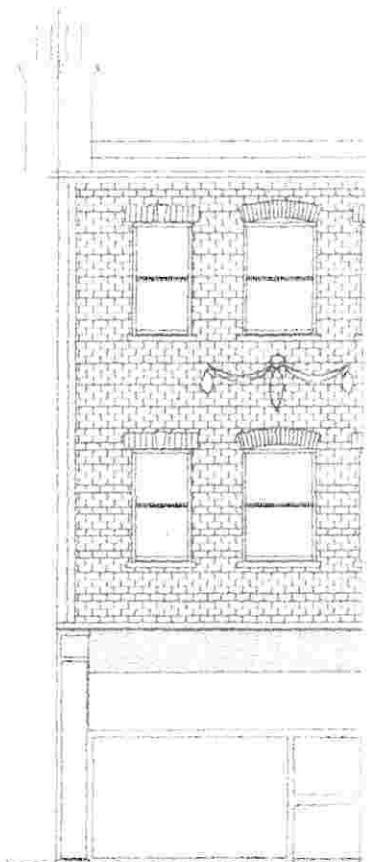




**GROUND FLOOR PLAN  
AS EXISTING**



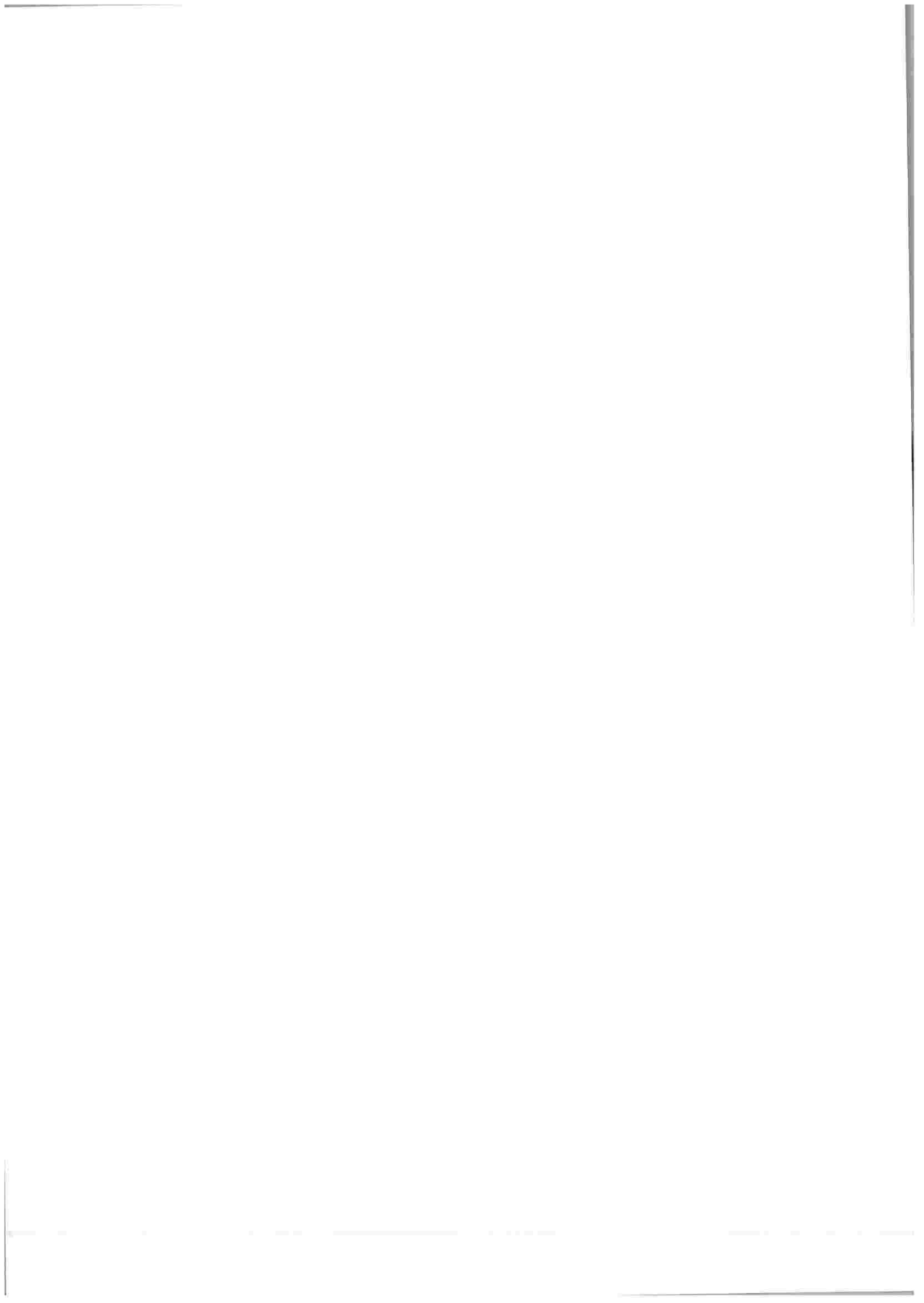
**GROUND FLOOR PLAN  
AS PROPOSED**



**FRONT ELEVATION  
RETAINED**

2, NEEL PARADE  
WEMBLEY  
HA9 6QU

TITLE  
CHANGE OF USE





## DESIGNATED PREMISES SUPERVISOR CONSENT FORM

### Consent of individual to being specified as premises supervisor

If you are completing this form by hand please use **black ink** and write legibly in **block capitals**.

I, SIVALINGAM THAYAPARAN  
[full name of prospective premises supervisor] of 1A OVEDON AVENUE  
HARROW HA2 9PE

..... [home address of prospective premises supervisor] hereby confirm that I give my  
consent to be specified as the designated premises supervisor in relation to the application for  
VARIATION TO THE PREMISES LICENCE [type of application eg, grant of new licence /  
vary of DPS] by SIVALINGAM THAYAPARAN

..... [name of applicant]  
relating to premises licence ..... [number of existing licence, if any]

for 2 NEEDLE PARADE  
WEMBLEY  
HA9 6QU

..... [name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by  
SIVALINGAM THAYAPARAN [name of applicant]

concerning the supply of alcohol at .....  
2 NEEDLE PARADE, WEMBLEY  
HA9 6QU

..... [name and address of premises to which application relates].

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number - LN/000006972/2014/1 [insert, if any]

Personal licence issuing authority HARROW COUNCIL  
CIVIC CENTRE, PO BOX 18, STATION ROAD, HA1 2UT.  
0208 9012600. [insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name  
(please print)

THAYAPARAN.

Date

26/02/14.

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Fax: 020 8937 5357

Email: [hsl@brent.gov.uk](mailto:hsl@brent.gov.uk)